DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14065

State File No.

FILED MAY 15 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1777

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1100 Prospect (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Floyd Watson 325

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M

5. Color or race Wh

6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June (Month) 28 (Day) 1939 (Year)

8. AGE: Years ____ Months 9 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Kansas City (City, town, or county) Mo (State or foreign country)

10. Usual occupation None

11. Industry or business ✓

MOTHER

12. Name Mrs Lucy Watson

13. Birthplace Kansas City (City, town, or county) Mo (State or foreign country)

FATHER

14. Maiden name Opal Hamilton

15. Birthplace Kansas City (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Mrs Lucy Watson

(b) Address 4426 Kensington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/40 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 3811 Troost Ave.

19. (a) April 26, 1940 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th year 1940 hour 5 minute 35 P M.

21. I hereby certify that I attended the deceased from April 22nd, 1940, to April 24th 1940; that I last saw him alive on April 24th, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	
Due to Mesenteric Lymphadenitis	
Due to Ricketts	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy See above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature P. F. De Maria M.D. (M. D. or other)

Address Supt. K.C. Gen. Hosp., K.C. Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy Buffington

Licensed Embalmer No. 2756

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.